

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		3					54						
5	/						55						
6		/					56						
7		2					57						
8		2					58						
9		2					59						
10	/						60						
11		/					61						
12		/					62						
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14	/						64						
15		/					65						
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17		/					67						
18		/					68						
19		/					69						
20	/						70						
21	/						71						
22		/					72						
23		2					73						
24							74						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	29						TOTAL CLAIMS						